

**State of California – Health and Human Services Agency  
ALZHEIMER'S DISEASE AND RELATED DISORDERS ADVISORY COMMITTEE  
APPLICATION FORM**

<b>APPLICANT INFORMATION</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Title:</b>			
<b>Organization:</b>			
<b>Address:</b>			
<b>City:</b>	<b>County:</b>	<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Email Address:</b>			
<b>Ethnicity (Optional):</b>			
<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> American Indian or Alaskan Native</div> <div style="width: 33%;"><input type="checkbox"/> Asian</div> <div style="width: 33%;"><input type="checkbox"/> Black</div> <div style="width: 33%;"><input type="checkbox"/> Hispanic</div> <div style="width: 33%;"><input type="checkbox"/> Pacific Islander</div> <div style="width: 33%;"><input type="checkbox"/> White</div> <div style="width: 33%;"><input type="checkbox"/> Other (Specify) _____</div> </div> </div>			
<b>Geographic Area of Representation:</b>	<b>City:</b>	<b>County:</b>	<b>Or Statewide:</b>
<b>List Area(s) of Expertise:</b>			
<b>Representing the Following Organizations:</b>			
<b>REFERENCES</b>			
<b>Must include three(3):</b>			
<div style="margin-bottom: 20px;"> Name of Reference:  Organization:  Telephone:  E-mail Address: </div> <div style="margin-bottom: 20px;"> Name of Reference:  Organization:  Telephone:  E-mail Address: </div> <div> Name of Reference:  Organization:  Telephone:  E-mail Address: </div>			

## STATEMENT OF INTEREST

Your completed Application Package must include a Statement of Interest that discusses Items 1-5 below in three pages or less. Your statement should be no smaller than 12 point font.

1. Your reasons for applying for membership to the Alzheimer's Disease and Related Disorders Advisory Committee and the assets you would bring to it.
2. Your background, experience, and/or knowledge in this area and the value it would bring to the Committees discussions and deliberations.
3. Briefly describe the interests you will represent and what you hope to contribute as a result of participating on the Committee.
4. The central Alzheimer's issues you would recommend the Committee consider and why.
5. How you will obtain input from constituencies that you represent and how you will communicate the issues addressed by the Committee with community members.

## MEMBERSHIP TERMS AND AGREEMENT

Section 1568.17(a) of the Health and Safety Code established the Alzheimer's Disease and Related Disorders Advisory Committee. The Committee By-Laws, as adopted on 12.11.2011, outline the following:

### Terms of Office:

- Members shall serve at the pleasure of the Secretary of the Health and Human Services Agency. The Agency Secretary shall establish fixed three-year terms for each member, except those individuals with Alzheimer's disease shall serve for one-year terms. A member may be appointed for no more than two consecutive terms. For purposes of continuity, the fixed terms of Committee members shall be staggered.
- If a member resigns from the Committee prior to the end of his/her term, or a vacancy occurs as a result of a statutory requirement per Government Section Code 1770, a new member shall be appointed in his/her place. This new member shall serve for the remainder of the previous member's term. If this constitutes a year or less time, the new member shall be eligible to serve for two more consecutive terms. Otherwise, the new member shall only be eligible to serve one more consecutive term.
- Members shall serve without compensation, but shall receive reimbursement for travel and other necessary expenses actually incurred in the performance of their official duties, per the parameters outlined in the official Committee By-Laws.

### Duties:

- Provide ongoing advice and assistance to the administration and the Legislature as to the program needs and priorities of the target population.
- Appoint a chairperson and vice-chairperson. The Chair and Vice Chair shall each serve for two-year terms. These appointments are renewable until the Chair or Vice Chair's Committee term expires. The Chair controls the agenda and time for public comments.
- Meet quarterly. The Committee members are expected to attend as many meetings as possible. If a member misses two meetings, the Secretary of the Health and Human Services Agency will send a letter to that member encouraging his/her attendance and emphasizing the importance of having his/her expertise involved in Council deliberations. If a member misses any three meetings in a single fiscal year, the Secretary of the Health and Human Services Agency will terminate the member's appointment.
- Members may send a designee to any meeting for information and discussion purposes, as long as that designee does not represent a lobbying organization. Such designee is not considered a voting member, and therefore is not included in the quorum count. Even if a member sends a designee, he/she is still considered absent from the committee meeting. The designee will not be reimbursed for travel expenses.
- All meetings of the advisory committee and any subcommittees thereof, shall be open to the public and adequate notice shall be provided in accordance with Article 9 (commencing with Section 11120) of Chapter 1 of part 1 of Division 3 of Title 2 of the Government Code.

*By checking this box I acknowledge that I have read and understand the above purpose and membership terms to the California Alzheimer's Disease and Related Disorders Advisory Committee. If selected for membership to the California Alzheimer's Advisory Committee, I agree to abide by the above membership terms.* ☐

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION PROCESS

**COMPLETED APPLICATIONS MUST BE RECEIVED AT THE OFFICE OF THE CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OR POSTMARKED BY FEBRUARY 6, 2017.**

Step 1: COMPLETE THE APPLICATION FORM:

- Application is available in Adobe PDF format for download at: <http://www.chhs.ca.gov/Pages/AlzheimersDiseaseandRelatedDisordersAdvisoryCommittee.aspx>

Step 2: YOU MUST RETURN THE FOLLOWING DOCUMENTS FOR YOUR APPLICATION TO BE CONSIDERED:

- Completed Application Form
- Statement of Interest (1 – 3 pages)
- Curricula Vitae or Resume

Applications can be submitted via:

US Mail: California Health and Human Services Agency  
Attn: Marko Mijic  
1600 9<sup>th</sup> Street, Room 460  
Sacramento, California 95814

Fax: 916-654-3343. Please call to confirm receipt of your fax.

Email: If you have a document scanner you can scan and email to [marko.mijic@chhs.ca.gov](mailto:marko.mijic@chhs.ca.gov)

For questions regarding the completion of the application, or to confirm receipt of your application, contact Marko Mijic by email at [marko.mijic@chhs.ca.gov](mailto:marko.mijic@chhs.ca.gov) or by phone at 916-548-7069.

## APPLICATION CHECKLIST

**Applications not received or postmarked by February 6, 2017, or without the required documents, will NOT be considered.**

Completed application packages must include all of the following:

- ✓ Completed application form
- ✓ Statement of Interest (1 – 3 pages)
- ✓ Curricula Vitae/Resume